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PRINTED: 03/20/2009. Health Regulation Administration FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) FROYIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (74) DATE SURVEY COMPLETED A BUILDING B. WING . HFD03-0070 NAME OF PROVIDER OR SUPPLIER <u>93/13/2009</u> STREET ADDRESS, GITY, STATE, ZIP CODE 1814 BUNKER HILL ROAD, NE WABHINGTON, DC 20017 WHOLISTIC 03 Summary Statement of Deficiencies (Each Deficiency Must be preceded by Pull Regulatory or Lac Identifying Information) (X4) ID PREFIX (XE) COMPLETE DATE PREFIX TAG

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE DEFICIENCY) 1000 INITIAL COMMENTS 1000 A re-licensure survey was conducted from March 11, 20009 through March 13, 2009. The survey was initiated using the fundamental survey process. A random sample of three residents was selected from a resident population of two men and three women with various disabilities. The findings of the survey were based on observations, interviews with resident and staff in the home and at one day program, as well as a review of resident and administrative records. including incident reports. 141 1090 3504.1 HOUSEKEEPING 1 090 The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, ettractive, and senitary manner and be free of accumulations of dirt, rubbish, and objectionable oders. This Statute is not met as evidenced by: Based on observation, the GHMRP falled to ensure the interior of the GHMRP was maintained in a safe, clean, orderly, attractive, and senitary manner and was free of accumulations of dirt, rubbish, and objectionable odom. The findings include: Observations of the GHMRP 's snylronment on March 11, 2009 at approximately 7:45PM revealed the following: Interior Hole in hallway linen closet door has been 1. Small hole in hallway linen closet door, 03/24/09

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oratory director's or provider/Supplier representative's signature

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(XB) DATE 3/30/09

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WHOLISTIC 03 1814 BI			A. BUILD B. WING ADDRESS, GITY UNKER HILL NGTON, DC	DATE SURVEY COMPLETED 03/13/2008	
(X4) (D PREFIX TAG	EUMMARY STA (EACH DEPICIENCY REGULATORY OR LI	TEMENT OF DEFICIENCIES MUST SE PRECEDED BY FULL IO IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (SACH CORRECTIVE AUTION SHOULD BE GROSS-REPERINGED TO THE APPROPRIATION DEFICIENCY)	(X8) COMPLETI
1 08		on floor of front half closet.	1 090	I 090.2 Television stored on floor of front hallwa closet has been removed	-
3. Knob loose on water faucet in bathroom on first floor. 4.Globe cover missing from light fixture in basement bathroom.				I 090.3 Loose Knob on water Faucet in bathroom on first floor has been replaced. I 090.4	03/25/09
	5. Ceramio pieces in stell.	basement bathroom shower		Globe cover for light in basement bathroom has been fixed. I 090.5	03/25/09
, 4 I	in the basement.	n the fluorescent light fixture		Ceramic pieces in basement bathroom shower stall have been removed I 090.4	03/25/09
	around the side of th			Cover for the fluorescent light fixture in the basement has been fixed.	ne 03/25/09
	laundry room had pe			I 090.5 The floor around the side of the commode in the basement bathroom has been fixed.	
	7. Ceiling in Resider observed to have per drooping from it's original from the column of the column	iling plaster that was		I 090.6 The two small openings in the ceiling of the	
	8. Calling in Resident bedroom was observe	#4 and Resident #6's ad to have pesiing plaater.		laundry room that had peeling plaster as stated, were not seen. I 090.7	03/25/09
	Resident#2, Residen	fental Retardation revealed that the colling in t #4 and Resident #6's epaired on February 21,		The peeling plaster drooping from its original foundation in resident #2's bedroom ceiling has been fixed I 090.8	_ 03/25/09
İ	Exterior	;		The peeling plaster that was observed in resident #4 and resident #6's bedroom has been fixed.	03/25/09
1 401		I SERVICES: GENERAL	1401	Exterior The gutter hanging from the rafter on the side porch has been fixed.	03/26/09

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Health	Requiation Administr	tation			PRIN FO	TED: 03/20/2009 RM APPROVED	
WHOLISTIC 03 1514 BUN			ericua MBER:	LIA (X2) MULTIPLE CONSTRUCTION A. SUILDING B. WING		(73) DATE SURVEY COMPLETED	
					3/13/2000		
			DORESS, CITY, STATE, ZIP DODE NKER HILL ROAD, NE GTON, DC 20017				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	atement of deficiencie Y must be preceded by BC Dentifying informa	Ēliu i	IP FREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X8) DOMPLETE DATE	
i 401	Continued From pa	ge 2		1401			
	#INDEXISION, Inclided in the services and services, and service resident. This Statute is not in This GHMRP felled that include evaluation, including developmental leval services, and services, and services.	s and needs, treatme es designed to prave	ent ent y the ai d				
	resident, for one of the (Resident #2) The findings include:	er loss of function by hree residents in the	sample.				
	assessment dated O 11, 2009 at approximate resident has a St Review of Resident a St Sheets dated Februa 2009 at approximate depth of the Stage II were not documented in the Stage II not documented on the Stage II wound or the Stage II wound or measured.	lage II ulcer on his let 12's, Skin Assessmentry 1-28, 2009, on Mis- bly 8:25 AM revealed Wound on the left isode. In an interview with urse on March 11, 20 IM it was acknowled wound on the left ison he Skin Assessment sented evidence the control of the left ison the left ison was	March ed that it ischial, ht sroh 11, the chial h the DD9, et ged the hial was Sheets, iepth of		I 401. 1 The RN of the facility will ensure that Resident #2's stage II ulcer is measured weekly. The nurses will begin documenting the measurements on the monthly wound care assessment form every week. The RN will provide oversight and ensure that the documentation is implemented appropriately.	04/01/09	
: ; •	2. Review of Residen sheet (POS) dated For 12, 2009 at approximation order for Fibersource	ebruary 19, 2008 on (Stely 11:00 AM reval	March sied an		•		

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Health I	Regulation Administra	ation				M APPROVED
DENTIFICAT		(X1) PROVIDERSUPPLIE IDENTIFICATION NU HFDG3-0070	er/Clia Meer:	DCE) MUL A. BUILDI B. WING	NO	SURVEY PLETED
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIF CODE	/13/2009
MHOFIE			WASHING	KER HILL STON, DC :	ROAD, NE 20017	
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	Providers Plan of Correction (Each Corrective Action Skould be Cross-Referenced to the Appropriate Deficiency)	GOMPLETE DATE
	order to "check gas starting feeding, if 2 and re-chack". Reviewed August 20, 20 3, 2009 on March 1: 10 AM Indicated before feeding, feed greater than 50% of one hour". In an interestical Nurse (LP approximately 11:20 the HMCP had not it physician's order to rasidual before start times one hour and There was no document been updated a include the physician tube for residual before hold times one hour 2. Review of Residual before the resident has a 6 Review of Resident Sheets dated Februa 2009 at approximate depth of the Stage II were not documental LPN an March 11, 2 AM It was acknowled II wound on the left I on the Skill Assessing the Sk	Further review reventric tube for residual 100 mt hold times one review of Resident #1's 2009 at approxime "assess for residual lings are to held if refide amount to be desiview with the Licent) on March 12, 200 mented syldence the fing feeding, if 200 mre-check". Tented syldence the litter February 3, 200 mre-check". The order to "check give stating feeding, on matoly 5:20 Mr revealed wound on the left is litter feeding and interview will consider the depth of the set is left in an interview will consider the depth of the set is the	before hour hour hour hour hour hour hour before hour hour volume sidual is hold HMCP stric if 200 mi, medical March iled that int ischial int ischia	I 401	I 401. 2 The RN will updated the HMCP to reflect the Physician's order to hold any faedings there is a residual of 200cc or more by 04/15/09 I 401. 2 The RN of the facility will ensure that Resident #2's stage II ulcer is measured weekly. The nurses will begin documenting the measurements on the monthly wound care assessment form every week. The RN will provide oversight and ensure that the documentation is implemented appropriately.	04/15/09
	3. Review of Resid	ent #2's, POS dated	February			

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Heelth	Requisitor Administr	etlon				FOR	M APPROVE	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION N		RICLIA MBER	(X2) MULTIPLE CONSTRUCTION A. SUILDING B. WING		(X3) DATE SURVEY COMPLETED			
NAME OF	HEDOS-0070					03/	03/13/2009	
WHO'18			1814 SUP	DORESS, CITY, STATE, ZIP CODE NKER HILL ROAD, NE GTON, DC 20017				
(X4) ID PREFIX TAG	i leach deficiency	Tement of deficiencies Must be preceded by Be identifying informa		PREFIX TAG	PROVIDER'S PLAN OF CO (EAGH CORRECTIVE ACTION OROSS-REFERENCED TO THE DEFICIENCY)	rrection ishguld be appropriate	(XI) COMPLETE DATE	
J 401	Continued From pa	ge 4		1401			 	
 	every two hours. Re dated November 14. 2009 of approximately 5:11 for immobility "turn a hours and whenever January-February-Market on March 13, PM revealed the reservery two hours as of a. January 1, 2009 ped;	11, 2009 at approximat the client was to be the client and revealed under Hard re-position every it necessary. Review 2009 at approximate ident was not re-position ordered as evidenced to 6:00 AM- (S) reclinate 5:00 AM- (S) Reclinate 5:0	e turned is HMCP in a second of the hing ly 12:00 litioned liby:		I 401. 3 a., b., c., d., e., f., g., h., i., j., The RN will provide training thow to accurately document p changes by 4/30/09.	to staff on	04/30/09	
. ļ,	c.February 1, 2009 a sidelying;	t 10:00 PM- (RS) righ	nt					
! 	d. February 1, 2009 a aldelying:	nt 12:00 AM- (RS) rig	ht					
į	e. February 2, 2009 a ged;	it 2:00 PM- (S) reclin	ed in			<u> </u> 		
· f	. February 2, 2009 at sed;	! 4:00 PM- (S) regline	d in			1		
۱ ا	j. February 23, 2009 jed;	at 2:00 PM- (\$) reclin	ned in			!		
h	. February 23, 2009 ed;	et 4:00 PM= (8) recilr	ned In			\ 		
l.	March 2, 2009 at 10 idelying;	:00 PM- (RS) right						

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PRINTED: 03/20/2009 Health Regulation Administration FORM APPROVED STATEMENT OF DEPICIENCIES HAND FLAN OF CORRECTION (X1) PROYIDER/SUPPLIEN/CLIA IDENTIFICATION NUMBER: (XX) MULTIPLE CONSTRUCTION COMPLETED A BUILDING B. WING HFD03-0070 NAME OF FROMDER OR SUPPLIER 03/13/2000 STREET ADDRESS, CITY, STATE, ZIP CODE 1814 Bunker Hill Road, Me Washington, DC 20017 WHOLISTIC 03 (X4) ID PREFIX TAQ SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEC IDENTIFYING INFORMATION) Provider's Plan of Correction (Each Corrective action Should be Cross-Reperenced to the appropriate Deficiency) ID PREFIX COMPLETE DATE TAG Continued From page 5 I 401 J. March 2, 2009 at 12:00 AM- (RS) right aldelying: k. March 2, 2009 at 2:00 AM- (LS) lift side lying i. Merch 2, 2009 at 4:00 AM- (LS) lift side tying 119 in an interview with the Registered Nurse (RN) on March 13, 2009 at approximately 2:00 PM it was acknowledged Resident #2 was not consistently turned and re-positionad every two hours. There was no documented evidence the resident was consistently turned and re-positioned every two hours. 4. Observation of the medication pass on March I 401. 4 11, 2009, at approximately 7:25 PM revealed Resident #3 does not require Keppra blood Resident #3 was administered Keppre 760 mg by draws on a routine basis, per his mouth by the LPN. Interview with the LPN on Neurologist - Dr. Shuelin. After further March 11, 2009, at approximately 7:26 PM revealed Resident #3 was prescribed Keppra 750 discussion with Dr. Sheulin, it was explained that since Keppra is not broken my for selzure management. Review of Resident down in the liver, and it is eliminated #3's physician's orders dated February 19, 2008. through the kidneys instead, it doesn't on March 13, 2009, at approximately 1:05 PM confirmed Resident #3 was prescribed Kepprs require blood level tests. This is one of the 750 mg for seizure management. Further review known benefits of Keppra to other revealed the POS did not include orders for antiepileptic medications. Furthermore, the Keppre laboratory values to be drawn. There was PCP is not responsible for ordering no documented evidence that the Primary Care neurology based lab values, as this the Physician (PCP) ordered Keppra laboratory responsibility of the Specialist/Neurologist, values to be drawn. Dr. Sheulin, However, Dr. Sheulin will request Keppra level on as needed basis. For example, she requested levels on 10/15/08 and the results on 10/20/08 were

the POS.

WNL (see attached lab results). Wholistic will continue to obtain Keppra results as prescribed by the Neurologist and will therefore not add it as a standing order on